RI GCD Form F 2. <u>Accessibility to State and State Funded Programs and Activities</u> <u>Project Management Option Selection Form</u>

| Department | | | | |
|--|--|-------------------------------|--|--|
| Division | | | | |
| Unit | | | | |
| ✓ Project Management Option selected: | | | | |
| ☐ Department / Agency managed, as component of larger project(s) | | ☐ Department / Agency managed | ☐ DOA/State Building Commission managed | |
| ☐ For all projects OR Project ID #(s) | | | | |
| | | | | |
| | | | | |
| | | | | |
| Type name of Authorized Agent | | Signa | Signature | |

Return to the:

Governor's Commission on Disabilities Howard Complex 41 Cherry Dale Court Cranston, RI 02920-3049